



HISTORIC TAX CREDIT FORM 1 – PRELIMINARY APPROVAL

PART 1A.

1. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME

TYPE OF ENTITY:*

- ☐ Individual ☐ Partnership ☐ General ☐ Limited
- ☐ Corporation ☐ Regular ☐ Subchapter S ☐ Limited Liability Company

**For entities with flow through tax treatment (e.g., partnerships, S-corporations, etc.), include on a separate sheet the name, address, and social security number or taxpayer ID number for all persons or entities with an ownership interest. Provide the percentage ownership interest for each taxpayer as of the time of the application. If the tax credits are to be certified other than pro rata according to the proportion of ownership interest, also attach an executed agreement among the partners, members or owners documenting the alternate distribution method.*

NAME OF AUTHORIZED COMPANY OFFICIAL (IF APPLICANT IS NOT AN INDIVIDUAL)

BUSINESS ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

RESIDENT ADDRESS (IF APPLICANT IS INDIVIDUAL)

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

2ND TAXPAYER I.D. # (OR SOCIAL SECURITY NUMBER)

2. PROPERTY INFORMATION

NAME OF PROPERTY

ADDRESS

CITY/TOWN

STATE

ZIP CODE

COUNTY

PROPERTY TYPE (CURRENT)

- ☐ Residential ☐ Commercial ☐ Residential/Commercial

PROPERTY TYPE (AFTER REHABILITATION)

- ☐ Residential ☐ Commercial ☐ Residential/Commercial

IS PROPERTY CURRENTLY VACANT

- ☐ Yes ☐ No

3. OWNER INFORMATION (IF APPLICANT IS OTHER THAN OWNER, IF OWNER IS SAME PLEASE STATE SO)

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

4. PROJECT CONTACT

- ☐ Applicant ☐ Owner ☐ Other

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

FAX

5. PROPERTY LEGAL DESCRIPTION

6. IS PROPERTY CURRENTLY ON NATIONAL REGISTER?

☐ Yes ☐ No

NAME OF REGISTERED HISTORIC DISTRICT (IF APPLICABLE)

7. APPLYING FOR FEDERAL?

☐ Yes ☐ No If yes, do not complete Part 1B, just attach federal form.

8. PRELIMINARY TAX CREDIT REQUEST

Anticipated cost of rehabilitation

YEAR	AMOUNT	YEAR	AMOUNT
YEAR	AMOUNT	YEAR	AMOUNT

ANTICIPATED TOTAL COST OF PROJECT (INCLUDE ALL YEARS)

BASIS OF PROPERTY (ACQUISITION COSTS)

PROJECT START DATE

PROJECT COMPLETION DATE

If property will be for commercial/retail/wholesale/manufacturing/business use

ANTICIPATED NUMBER OF JOBS CREATED AS RESULT OF REHABILITATION (NON-CONSTRUCTION JOBS)

ANTICIPATED INCREASE TO TAX BASE IN COMMUNITY

WILL THE PROPERTY RECEIVE TAX ABATEMENT?

☐ Yes ☐ No

IF YES, FOR HOW LONG OF A PERIOD?

ARE THERE OTHER STATE OF MISSOURI TAX CREDITS BEING APPLIED TOWARD THIS PROJECT?

☐ Yes ☐ No

IF YES, WHICH TAX CREDIT PROGRAM?

☐ Brownfield
 ☐ Enterprise Zone
 ☐ New Business Facility
 ☐ Neighborhood Preservation
☐ Neighborhood Assistance
 ☐ Youth Opportunity
 ☐ Other (please specify) _____

If property will be for residential/multifamily use

ANTICIPATED NUMBER OF HOUSING UNITS CREATED

ANTICIPATED INCREASE TO TAX BASE IN COMMUNITY

WILL THE PROPERTY RECEIVE TAX ABATEMENT?

☐ Yes ☐ No

IF YES, FOR HOW LONG OF A PERIOD

9. I hereby apply for preliminary approval to proceed with the above-described work for which I intend to claim a state income tax credit for historic rehabilitation. I attest that I am the property's owner and that the information I have provided is, to the best of my knowledge, true and correct. I hereby agree to allow representatives of the Department of Economic Development and/or the Missouri Department of Natural Resources, State Historic Preservation Office access to the property as may be necessary and reasonable for the approval of the proposed work.

NAME

DATE

PART 1B.***Rehabilitation Information***

(NOTE: IF YOU ARE APPLYING FOR FEDERAL HISTORIC TAX CREDITS, YOU DO NOT HAVE TO COMPLETE PART 1. B – INSTEAD SUBMIT A COPY OF THE FEDERAL FORM WITH ONLY ONE COPY OF PHOTOS & DRAWINGS.)

10. Detailed Description of Rehabilitation Work Includes site work, new construction, alterations, etc. Complete blocks below.**ITEM NUMBER: 1 Architectural Feature:****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NO.

DRAWING NO.

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 2 Architectural Feature:**Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NO.

DRAWING NO.

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 3 Architectural Feature:**Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NO.

DRAWING NO.

ESTIMATED REHABILITATION COSTS

\$

PART 1B – DESCRIPTION OF REHABILITATION CONTINUATION SHEET**ITEM NUMBER:** **Architectural Feature:****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NO.

DRAWING NO.

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: **Architectural Feature:****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NO.

DRAWING NO.

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: **Architectural Feature:****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NO.

DRAWING NO.

ESTIMATED REHABILITATION COSTS

\$



HISTORIC TAX CREDIT – FORM 2 FINAL APPROVAL

1. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)			
NAME		LOG NUMBER	
TYPE OF ENTITY:			
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited			
<input type="checkbox"/> Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter S <input type="checkbox"/> Limited Liability Company			
NAME OF AUTHORIZED COMPANY OFFICIAL (IF APPLICANT IS NOT AN INDIVIDUAL)			
BUSINESS ADDRESS			
CITY/TOWN		STATE	ZIP CODE
TELEPHONE	FAX		
RESIDENT ADDRESS (IF APPLICANT IS INDIVIDUAL)			
CITY/TOWN		STATE	ZIP CODE
TELEPHONE	FAX		
TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER) (IF MORE THAN ONE PERSON IS CLAIMING THE TAX CREDIT, SUBMIT ADDITIONAL SHEET(S) LISTING NAME, ADDRESS, AND PHONE NUMBER AND TAXPAYER IDENTIFICATION NUMBER FOR ALL TAXPAYERS INTENDING TO CLAIM THE CREDIT).			
2. PROPERTY INFORMATION			
NAME OF PROPERTY			
ADDRESS			
CITY/TOWN		STATE	ZIP CODE
COUNTY			
PROPERTY TYPE (AFTER REHABILITATION)		IS PROPERTY CURRENTLY VACANT	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. OWNER INFORMATION (IF APPLICANT IS OTHER THAN OWNER, IF OWNER IS SAME PLEASE STATE SO)			
NAME			
ADDRESS			
CITY/TOWN		STATE	ZIP CODE
4. PROJECT CONTACT			
<input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Other			
NAME			
ADDRESS			
CITY/TOWN		STATE	ZIP CODE
TELEPHONE	FAX		

5. PROJECT STARTING DATE		PROJECT COMPLETION DATE	
6. COMMERCIAL/RETAIL/WHOLESALE/MANUFACTURING/BUSINESS USE			
NUMBER OF JOBS CREATED AS RESULT OF REHABILITATION (NON-CONSTRUCTION JOBS)		INCREASE TO TAX BASE IN COMMUNITY	
WILL THE PROPERTY RECEIVE TAX ABATEMENT?		IF YES, FOR HOW LONG OF A PERIOD?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
ARE THERE OTHER STATE OF MISSOURI TAX CREDITS BEING APPLIED TOWARD THIS PROJECT?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, WHICH TAX CREDIT PROGRAM/AMOUNT			
<input type="checkbox"/> Brownfield		Amount: _____	
<input type="checkbox"/> Enterprise Zone		Amount: _____	
<input type="checkbox"/> New Business Facility		Amount: _____	
<input type="checkbox"/> Neighborhood Assistance		Amount: _____	
<input type="checkbox"/> Youth Opportunity		Amount: _____	
<input type="checkbox"/> Neighborhood Preservation		Amount: _____	
<input type="checkbox"/> Other (please specify)		Amount: _____	
Residential/multifamily use:			
NUMBER OF HOUSING UNITS CREATED		INCREASE TO TAX BASE IN COMMUNITY	
WILL THE PROPERTY RECEIVE TAX ABATEMENT?		IF YES, FOR HOW LONG OF A PERIOD?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
7. PHOTOGRAPHS OF COMPLETED WORK: (SEE INSTRUCTIONS) USE SEPARATE SHEETS TO SECURE PHOTOGRAPHS.			
8. LIST OF ITEMIZED EXPENDITURES: FORM ON NEXT 2 PAGES. REFER TO APPENDIX 3 FOR INSTRUCTIONS ON COMPLETING THIS FORM.			
9. NOTARIZED SIGNATURE PAGE-HTC-E			
10. NOTARIZED CERTIFICATION OF ALIEN EMPLOYMENT			



HISTORIC PRESERVATION TAX CREDIT PROGRAM – FINAL APPROVAL
LIST OF ITEMIZED PROJECT COSTS

(Please Print or Type)

MISSOURI FORM
HTC-E

CATEGORY OF WORK	METHOD OF PAYMENT	DATE PAID	CONTRACTOR	DESCRIPTION OF EXPENDITURE	WORK COMPLETED 1/1/98 - 8/27/98	WORK COMPLETED 8/28/98 - COMPLETION DATE
					\$	\$
					\$	\$

TOTAL REHABILITATION COSTS

TOTAL PROJECT COSTS



**HISTORIC PRESERVATION TAX CREDIT PROGRAM – FINAL APPROVAL
LIST OF ITEMIZED PROJECT COSTS (continued)**

(This sheet with an original signature **MUST** accompany either the MO-HTC-E form or a created spreadsheet)

- I am the property's owner and all work on this project has been completed and executed according to the proposed project description as stated in Part I and approved by the Reviewing Entity.
- All itemized project costs have been actually incurred and paid and invoices, cancelled checks and other supporting documents will be retained for a period of five (5) years from the date the last tax credit certificate is issued. I agree to produce such records to Missouri Department of Economic Development upon request.
- I further certify that all itemized project costs are qualified rehabilitation expenses.
- I hereby agree to allow representative of the Missouri Department of Economic Development and/or the Missouri Department of Natural Resources, State Historic Preservation Office access to the property as may be necessary and reasonable for the final approval of the completed work.

Under the penalty of perjury I swear that the foregoing is true and correct.

NAME		DATE	
NOTARY PUBLIC EMBOSSEER SEAL OR BLACK INK RUBBER STAMP	STATE OF	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

PROPERTY NAME	LOG NUMBER
---------------	------------

PROPERTY ADDRESS

Instructions: Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Historic Tax Credit Form 1 - Preliminary Approval and/or Part 1b, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: ☐ continues Preliminary; ☐ continues Final; ☐ amends Preliminary; ☐ amends Final

NAME	SIGNATURE	DATE
STREET		CITY
STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER ()

DEPARTMENT OF NATURAL RESOURCES' STATE HISTORIC PRESERVATION PROGRAM OFFICE USE ONLY

- ☐ The DNR SHPPO has determined that these project amendments meet the Secretary of the Interior's "Standards for Rehabilitation."
- ☐ The DNR SHPO has determined that these project amendments will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.
- ☐ The DNR SHPO has determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

DATE	DNR STATE HISTORIC PRESERVATION OFFICE
------	--